PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 58895/PO 03 US / 10305848

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			43					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	 	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			43 minus 20=		* 23			X\$ 9=	12 2	OR	X\$18=	
INDEPENDENT CLAIMS				inus 3 =	* /			X43=	7.07	1	X86=	
MULTIPLE DEPENDENT CLAIM P			1			$\neg \neg \dashv$		740-	43	OR	700=	
<u></u>					" •":			+145=		OR	+290=	
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL	635	OR	TOTAL	
	С		MENDED - PART II					OTHER THAN SMALL ENTITY OR SMALL ENTITY				
(Column 1) ((Column 2) (Column 3) HIGHEST			01117122		,		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM			+145=		OR	+290=	
								TOTAL	ļ	- I	TOTAL	
		-	ADDIT. FEE		OR,	ADDIT. FEE						
		(Column 1)		(Colum	n 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u> *	Minus	***		=		X43=	-	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.45			.000	
							L	+145= TOTAL		OR	+290= TOTAL	•
								ADDIT. FEE		OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***		=	t	X43=			X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM					OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		ther Previously Pai					r four	nd in the app	ropriate box	c in coli	ımn 1.	